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Patent Department Mitsubishi Electric Research Laboratories, Inc. 201 Broadway Cambridge, MA 02139 18/2005 TBESHAH2 00000075 500749 09853801				I hereby certify that States Postal Service addressed to the M transmitted to the US	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. [Depositor's name]		
FC:1501 1400.00 DA				4	Illo	(Signature)	
FC:1504 300.00) DA				4-13-05	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/853,801	09/853,801 05/11/2001		Anthony Vetro		MH-5074	7035	
TITLE OF INVENTION: V	IDEO TRANSCODER WIT	TH UP-SAMPLING				,	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	04/13/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
SENFI, BEHROOZ M		2613		375-240120			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
MITSUBISHI BURGALIE RESCARCIO CARS, INC. CAMBRIALA, MA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 📽 corporation or other private group entity 🚨 Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): DEP ACLT 50-0749							
Issue Fee A check in the amount of the fee(s) is enclosed.							
				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to			
Deposit Account Number 30 0747 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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